

TO—		NAME	BUILDING, ROOM NUMBER, ETC.
1.		Mr. Houston	C.I.A.
2.			
3.			
4.			
5.			

FOR—

<input type="checkbox"/> APPROVAL	<input type="checkbox"/> IMMEDIATE ACTION	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/> AS REQUESTED	<input type="checkbox"/> INITIALS	<input type="checkbox"/> SEE ME
<input type="checkbox"/> CORRECTION	<input type="checkbox"/> NECESSARY ACTION	<input type="checkbox"/> SIGNATURE
<input type="checkbox"/> FILING	<input type="checkbox"/> NOTE AND RETURN	<input type="checkbox"/> YOUR COMMENT
<input type="checkbox"/> FULL REPORT	<input type="checkbox"/> READ AND DESTROY	<input checked="" type="checkbox"/> YOUR INFORMATION
<input type="checkbox"/> HANDLE DIRECTLY	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> PREPARE REPLY FOR		

SIGNATURE OF _____

ANSWER OR ACKNOWLEDGE BEFORE _____

25X1A9a

FROM	DATE
	8-18-54

REMARKS

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196C
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